

CLAIMS ONLY

Application Number

" Filing Date

10/622247

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
8		/				
9		/				
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44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total Indep.	5					
Total Depend.	86					
Total Claims	91					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51						
52						
53						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						